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**FACSIMILE TRANSMISSION COVER SHEET**

PLEASE DELIVER TO:

NAME: Examiner Justin E. Shepard/Art Unit 2617

FAX TELEPHONE NO. 571.273.8300

MESSAGE SENT BY: Daniel C. Crilly, Esq.

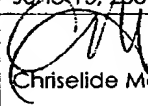
DATE: June 15, 2006

PAGES: (including cover).....24

MESSAGE: Please see attached Transmittal Form (1 page); Fee Transmittal (1 page); Request for Extension of Time (1 page) and Amendment under 37 C.F.R. § 1.111 (20 pages) in connection with U.S. Appl. Serial No. 09/905,196. Thank you.

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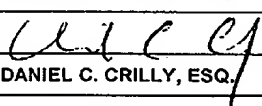
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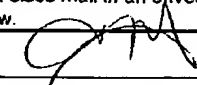
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/905,196	
	Filing Date	July 13, 2001	
	First Named Inventor	Allen Brett Cramer	
	Art Unit	2617	
	Examiner Name	Justin E. Shepard	
Total Number of Pages in This Submission	24	Attorney Docket Number	7411-01851

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	BRINKLEY, MCNERNEY, MORGAN, SOLOMON & TATUM, LLP		
Signature			
Printed Name	DANIEL C. CRILLY, ESQ.		
Date	June 15, 2006	Reg. No.	38,417

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Signature			
Typed or printed name	Chriselide Mendez	Date	June 16, 2006

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h1 style="text-align: center;">FEE TRANSMITTAL</h1> <h2 style="text-align: center;">For FY 2006</h2>		<b>Complete if Known</b>	
		Application Number	09/905,196
		Filing Date	July 13, 2001
		First Named Inventor	Allen Brett Cramer
		Examiner Name	Justin E. Shepard
		Art Unit	2617
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	7411-01851
TOTAL AMOUNT OF PAYMENT	(\$ 785)		

<b>METHOD OF PAYMENT (check all that apply)</b>	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account   Deposit Account Number: <u>50-1111</u> Deposit Account Name: <u>Brinkley, McNerney et al.</u> For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) <input checked="" type="checkbox"/> Credit any overpayments	
under 37 CFR 1.16 and 1.17	
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<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>		
		<u>Small Entity</u>		<u>Small Entity</u>		<u>Small Entity</u>	
<u>Application Type</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
<b>2. EXCESS CLAIM FEES</b>							
<u>Fee Description</u>					<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent					50	25	
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent					200	100	
Multiple dependent claims					360	180	
<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	
42	- 20 or HP = 7	x 25 =	175				
HP = highest number of total claims paid for, if greater than 20							
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>				
5	- 3 or HP = 1	x 100 =	100				
HP = highest number of independent claims paid for, if greater than 3							
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<u>Total Claims</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>			
	- 100 =	/ 50 =	(round up to a whole number) x				
<b>4. OTHER FEE(S)</b>							
Non-English Specification, \$130 fee (no small entity discount)							
Other: <u>Three month Extension of Time fee</u>							510

<b>SUBMITTED BY</b>		
Signature	<u>Crilly</u>	Registration No. 38,417 (Attorney/Agent)
Name (Print/Type)	Daniel C. Crilly, Esq.	Telephone (954) 522-2200
		Date June 15, 2006

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